

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19452

FILED
Jun 17, 2009
Secretary of State

Entity Name: COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

639 WEST CENTRAL BLVD.
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

639 WEST CENTRAL BLVD.
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-2814255 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TROTTER, BRENT A.
639 W CENTRAL BLVD
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WILSON, BRIAN
Address: 719 VASSER STREET
City-St-Zip: ORLANDO, FL 32804

Title: VCD () Delete
Name: TEWS, CHARLES
Address: 1000 LEGION PLACE STE. 730
City-St-Zip: ORLANDO, FL 32801

Title: PD () Delete
Name: TROTTER, BRENT A
Address: 639 W CENTRAL BLVD.
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: BENSON, KELLY
Address: 633 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: TD () Delete
Name: BUWALDA, BRIAN
Address: 110 E. HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON KRALL

CONT

06/17/2009

Electronic Signature of Signing Officer or Director

Date